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Taken by

BOFE

Date filed

Action

SIC Number

Initial Report or Complaint/初步報告或投訴

PLEASE PRINT ALL INFORMATION / 請工整填寫全部資訊

Your name / 您的姓名		Interpreter needed /是否需要口譯員 <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否	If interpreter needed, what language?/ 如果需要口譯員，什麼語言？
Your address – Number and street, apartment or space no./ 您的地址 – 街道和門牌號、公寓或單元號碼			Home phone no./ 住宅電話號碼 ()
City, State, Zip Code /城市，州，郵遞區號		Work phone no. / current / 工作電話號碼/現有的 ()	

AGAINST / 告

Name of business / 公司名稱		<input type="checkbox"/> Corporation / 公司 <input type="checkbox"/> Sole owner / 單獨業主 <input type="checkbox"/> Partnership / 合夥企業 <input type="checkbox"/> LLC-LLP / 有限責任公司- 有限責任合夥企業 <input type="checkbox"/> Bankruptcy / 破產 <input type="checkbox"/> Business sold / 公司已出賣 <input type="checkbox"/> Business closed / 公司已關閉	
Employer's vehicle license no./ 雇主的車輛牌照號碼			
Address of business, City, State, Zip Code / 公司地址、城市、州、郵遞區號			
Name and title of person in charge / 負責人的姓名和職務	No. of employees / 員工人數	Are minors employed? / If so, how many? 是否雇用未成年人？ / 如果是，多少個人？ <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否	
Location where work performed - Number and Street, City, County, Zip Code / 做工的地方 – 街道和門牌號，城市，縣，郵遞區號		Public Works Project? / 公共工程項目？ <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否	Was your job union? / 您是工會工作嗎？ <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否

CONDITIONS OF EMPLOYMENT / 就業條件

Rate of pay – per hour, day, week or month or piece rate (specify) / 工資標準 – 每小時、每天、每週或者每個月、或者計件工資（請注明） \$	Total hours worked / 工作總時數 By day / 一天 By week / 一週	Paid Overtime? / 是否支付加班工資？ <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否
How many hours were you scheduled to work in a workday? / 您一天安排工作多少小時？	How many hours were you scheduled to work in a workweek? / 您一週安排工作多少小時？	
What are the employer's scheduled pay days? / 雇主安排的發工資日是什麼日期？	Are you required to record the hours worked? / 您是否必須記錄工作時數？ <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否	Does the employer record the hours worked? / 雇主是否記錄工作時數？ <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否
How were you paid? / 您的工作是怎樣付的？ <input type="checkbox"/> By check / 支票 <input type="checkbox"/> In cash / 現金	Given an itemized deduction slip? / 是否發給明細扣減工資單？ <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否	Did you keep a record of hours worked? / 您是否保留了工作時數記錄？ <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否
Do you receive rest periods? / 您是否獲得休息時間？ <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否 If so, how many and length of each rest period. / 如果獲得，多少次以及每次休息時間有多長	Do you receive a meal period? / 您是否獲得用餐時間？ <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否 If so, how much time are you given? / 如果獲得，您的用餐時間由多長？	
Are you still working for this employer? / 您現在仍然為這個雇主工作嗎？ <input type="checkbox"/> Discharged / 被解雇 <input type="checkbox"/> Quit / 離職		May your name be used in an investigation? / 在調查中是否可以使用您的姓名？ <input type="checkbox"/> Yes/是 <input type="checkbox"/> No/否

EXPLAIN BRIEFLY THE REASON FOR THIS COMPLAINT (use additional sheet if necessary) /

簡要解釋這項投訴的理由 (如果需要，另外加)

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I hereby certify that this is a true statement to the best of my knowledge/ 我特此證明，據我所知，這是一份真實的陳述

Signed/簽名: _____

Date/日期: _____

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Claimant :	Against :	Action Number	
Address :	Address :	Docket Date	Date Closed
		DATE (S) CLAIM RECEIVED	
Address change as of :	Address change as of:		

RECORD OF RECEIPTS				RECORD OF PAYMENTS TO CLAIMANT			
Date Received	Check, Cash, Etc.	Receipt Number	Amount	Division Check Number	Date Paid	Balance Due	Signature / Remarks

CONFERENCE: DATES				PEND: DATES			